STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6014989	A. BUILDING: _____ B. WING _____	C 11/01/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ARDEN COURTS (SOUTH HOLLAND)	2045 EAST 170TH STREET SOUTH HOLLAND, IL 60473

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S 000	Initial Comments COMPLAINT SURVEY #2296403 / IL00150090 -330.780 a) b) c) FRI IL 00151280 -330.790 a) c) 1) cited	S 000		
S9999	Final Observations Statement of Licenusre Violations 330.780a) 330.780b) 330.780c) Section 330.780 Incidents and Accidents a) The facility shall maintain a file of all written reports of each incident and accident affecting a resident that is not the expected outcome of a resident's condition or disease process. A descriptive summary of each incident or accident affecting a resident shall also be recorded in the progress notes or nurse's notes of that resident. b) The facility shall notify the Department of any serious incident or accident. For purposes of this Section, "serious" means any incident or accident that causes physical harm or injury to a resident. c)The facility shall, by fax or phone, notify the Regional Office within 24 hours after each reportable incident or accident. If a reportable incident or accident results in the death of a resident, the facility shall, after contacting local law enforcement pursuant to Section 330.785, notify the Regional Office by phone only. For the	S9999	**Attachment A** Statement of Licensure Violations	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6014989	A. BUILDING: _____ B. WING _____	C 11/01/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ARDEN COURTS (SOUTH HOLLAND)	2045 EAST 170TH STREET SOUTH HOLLAND, IL 60473

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S9999	Continued From page 1	S9999		

purposes of this Section, "notify the Regional Office by phone only" means talk with a Department representative who confirms over the phone that the requirement to notify the Regional Office by phone has been met. If the facility is unable to contact the Regional Office, it shall notify the Department's toll-free complaint registry hotline. The facility shall send a narrative summary of each reportable accident or incident to the Department within seven days after the occurrence.

(Source: Amended at 37 Ill. Reg. 2315, effective February 4, 2013)

These requirements were not met as evidenced by the following:

Based on interview and record review, the facility failed to report an injury to IDPH (Illinois Department of Public Health) within regulatory requirements for one resident (R2) reviewed for fall with injury. This failure affected R2 who had un-witnessed fall with 2cm laceration injury to forehead and was sent to the hospital. This failure has the potential to affect all 32 residents residing in the facility.

Findings include:

R2's record showed that R2 moved into the facility on 07/05/2022, with diagnosis that includes but not limited to Alzheimer's, Anemia, Pulmonary Hypertension, diabetes Mellitus, Hyperlipidemia. R2 had un-witness fall with injury on 07/24/22. R2 was sent to the local hospital ER (Emergency Room) for laceration in the forehead. R2 returned to the facility the same day 07/24/22. R2 is under palliative care.
On 10/25/22 at 2:35pm, R2 's record progress

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6014989	A. BUILDING: _____ B. WING _____	C 11/01/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ARDEN COURTS (SOUTH HOLLAND)	2045 EAST 170TH STREET SOUTH HOLLAND, IL 60473

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S9999	Continued From page 2 note dated 07/24/22 timed 5:08am showed V15 LPN (Licensed Practical Nurse) documentation as follows: 7/24/2022 05:08 General Progress Note Text: check resident was asleep, @ 4:25 caregiver saw resident walking in the hallway with blood on clothing. Writer observed (R) forehead hematoma with 1-inch open wound, 911 was call. Resident taken to the hospital for further evaluation. Family member notified and hospice. On 10/26/22 at 9:36am, interview conducted with V4 RCG (Resident Caregiver) regarding R2 fall incident. V4 stated that "R2 fell and had a cut to the forehead, and R2 still has the mark on the forehead". V4 stated that "I (V4) was the RCG working on 11pm to 7am shift (referring to 7/23/22 11pm to 07/24/22 7am). V4 stated that she (V4) did not witness R2's fall because she (V4) was in another room assisting other resident who was crying for help. V4 stated coming out of the resident room "I (V4) saw (R2) walking to the kitchen area with blood on R2's clothes so I thought R2 had a fall. V4 stated as I wash checking on R2's legs and there was no marks or blood then looking up on R2's face I saw a cut with blood." V4 stated I took R2 back to the room and found blood on the floor beside (R2)'s bed and in-between the dresser and the bed. V4 stated that I then called the nurse on duty (referring to V15 LPN (Licensed Practical Nurse) the Resident Services supervisor). V4 further explained that V15 assessed R2 and sent R2 out to the hospital. When the surveyor asked V4 regarding how often residents' rounds are made and when was the last time V4 checked on R2 before the incident. V4 replied room checks are made every hour, V4 stated that it happened early in the morning around 4am. V4 stated that "(R2) has the habit of walking around the facility even when other residents were in bed sleeping. On 10/26 at 10:02am, interview conducted with	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6014989	A. BUILDING: _____ B. WING _____	C 11/01/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ARDEN COURTS (SOUTH HOLLAND)	2045 EAST 170TH STREET SOUTH HOLLAND, IL 60473

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S9999	Continued From page 3 V2 (Resident Services Coordinator) regarding R2's fall incident, V2 stated that "We (referring to the facility staff present at the time of incident V4, V15 and self) were not sure of what happened. V2 stated I'm not sure whether R2 fell on the ground hitting (R2)'s head on the wall or on the corner of the wall. V2 stated that "I belief the blood was on the door and behind the door with R2 having laceration to the right forehead. V2 stated that R2 came back from the hospital with one or two stitches on the right forehead laceration. V2 added that all the resident in the facility has diagnosis of either Alzheimer's or Dementia it is difficult to know exactly what happened. On 10/26/22 at 11:09am, interview with V15 (RSC), regarding R2's un-witnessed fall incident, V15 stated that (V4) found R2 walking around with laceration to forehead. V15 stated that she assessed R2 and sent R2 to the hospital. V15 stated that "R2 was on the floor in the room bleeding so we (referring to v4 and self) had to clean (R2) up having to send (R2) to the hospital". 7/24/2022 05:08 General Progress Note Note Text: check resident was asleep, @ 4:25 caregiver saw resident walking in the hallway with blood on clothing. Writer observed (R) forehead hematoma with 1-inch open wound, 911 was call. Resident taken to the hospital for further evaluation. Family member notified and hospice. On 10/25/22 and 10/26/22, the facility was unable to present any documentation that this incident was reported to IDPH regional office. On 10/26/22 at 4:29pm, both V1 and V2 were unable to present any IDPH reporting documentation for R2 un-witness fall with injury of 07/24/22. V2 stated that the nurse in charge at the time of the injury should reports to IDPH within 24hours. V2 stated she (V2) called V15	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6014989	A. BUILDING: _____ B. WING _____	C 11/01/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ARDEN COURTS (SOUTH HOLLAND)	2045 EAST 170TH STREET SOUTH HOLLAND, IL 60473

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S9999	Continued From page 4 and V15 stated she could not remember reporting the incident to IDPH. V2 stated that it should have been reported to IDPH. On 10/27/22 at 2:3pm, R2's hospital record showed local fire department documentation in part that R2 suffered a witnessed mechanical fall got up immediately began walking. R2 suffered superficial laceration to the right forehead approximately 1(one) inch in length bleeding controlled. R2's (ER) documentation documented in part under laceration repair notes dated 07/24/22 timed 6:11am 1st laceration location located right frontal lobe. Length 2Cm (Centimeter). Wound closure Dermabond advanced The facility Resident Change in Condition policy with revised date 08/09 presented documented in part that the change of resident condition and or unusual occurrences are handled by the RSC or delegated the RSS while on premises and it is always followed by the RSC/RSS. Under policy notes it is documented that an RN (Registered Nurse) or delegated nurse is notified of a change of condition in accordance with State Regulations and in accordance with state mandated time frame of such condition. (C) 330.790a) 330790c)1 Section 330.790 Infection Control a) Policies and procedures for investigating, controlling, and preventing infections in the facility shall be established and followed. The policies and procedures shall be consistent with and include the requirements of the Control of Communicable Diseases Code (77 Ill. Adm. Code	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6014989	A. BUILDING: _____ B. WING _____	C 11/01/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ARDEN COURTS (SOUTH HOLLAND)	2045 EAST 170TH STREET SOUTH HOLLAND, IL 60473

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S9999	Continued From page 5 690) and Control of Sexually Transmissible Diseases Code (77 Ill. Adm. Code 693). Activities shall be monitored to ensure that these policies and procedures are followed. c) Depending on the services provided by the facility, each facility shall adhere to the following guidelines of the Center for Infectious Diseases, Centers for Disease Control and Prevention, United States Public Health Service, Department of Health and Human Services, as applicable (see Section 330.340): 1) Guideline for Hand Hygiene in Health-Care Settings (Source: Added at 29 Ill. Reg. 12891, effective August 2, 2005) These requirements were not met as evidenced by the following: Based on observation, interview and record review the facility failed to follow standard infection control hand hygiene and use of gloves during resident care for one residents (R3) reviewed for infection control and prevention in the sample. This failure affected R3 who during wound care and incontinent care were done without change in soiled gloves and performing appropriate hand hygiene. Findings include: On 10/25/22 at 11:16am, during R2's wound care to the right heel with V6 LPN (Licensed Practical Nurse)/RSS (Resident Service Supervisor). V6	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6014989	A. BUILDING: _____ B. WING _____	C 11/01/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ARDEN COURTS (SOUTH HOLLAND)	2045 EAST 170TH STREET SOUTH HOLLAND, IL 60473

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S9999	Continued From page 6	S9999		

don two pairs of gloves (double gloving) in the kitchen area without any hand hygiene before donning gloves. V6 proceeded to assist R2 into bed from the wheelchair, R2 was noted visibly wet. Both V6 and V4 RCG (Resident Caregiver) assisted R2 into the bed performing incontinent care. After the care both V4 and V6 did not removed the soiled gloves, perform no hand hygiene, they both proceeded in touching the clean linen in R2's closet and personal clothes. During wound care V6 performed R2's right heel wound removing the old dressing on the wound with gloved hand, after use the same soiled gloves without any hand hygiene to apply new clean dressing. When V4 and V6 were made aware of the surveyor's observation and asked about the facility infection control and prevention regarding hand hygiene and use of gloves. Both stated they should have removed the soiled gloves and perform hand hygiene.

On 10/25/22 at 11:55am, interview with V2 RSC (Resident Services Coordinator) who was present at the time of wound care stated the policy of the facility is to remove the used gloves and perform a hand hygiene before and after care, when hands feel dirty and when gloves are soiled with bodily secretions. V2 stated I saw the whole thing and yes, they should have removed follow the hand hygiene rule.

The facility policy on Hand Hygiene presented and dated 06/2021 documented that the purpose of the policy is to decrease spread of infection. Listed guideline of when to wash hands including use of an alcohol-based hand rubs includes but not limited to when hands are visibly dirty or contaminated or visibly soiled with bodily fluids. Before applying and after removing gloves, after contact with bodily fluids or excretions, moving

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6014989	A. BUILDING: _____ B. WING _____	C 11/01/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ARDEN COURTS (SOUTH HOLLAND)	2045 EAST 170TH STREET SOUTH HOLLAND, IL 60473

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S9999	Continued From page 7 from a contaminated body site to a clean body site during resident care and after contact with inanimate objects (including medical equipment in the immediate vicinity of the resident (B)	S9999		